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ABSTRACT

These papers on child and adolescent sexual abuse address the psychological consequences, psychological assessment techniques, and clinical issues in group therapy with sexually abused girls. In the first paper. H. Elizabeth King discusses the psychological consequences of sexual assault and incest on minors particularly in regard to family dynamics; the victim's age, cognitive development, and affective problems; and the effects on long term interpersonal relationships. Next, Carol Webb considers the psychological assessment of sexually abused adolescents in the context of a clinical study of 14 abused girls. Results of the study are presented in which the differences between this population and "normals" in objective, projective, cognitive, and affective processes are addressed. Differences between incest victims and those individuals with a one-time-only occurrence of sexual abuse are discussed also. In the final paper, Ann Hazzard explores the effects of group therapy over time with the same group of sexually abused girls, focusing on the benefits of interaction, and the sharing and fulfillment of dependency needs. The clinical issues in such therapy and the counseling format are discussed, as well as therapeutic strategies which were found to be effective in helping such girls deal with their feelings. Long term themes and issues, e.g., relationships with mothers, trust, and sexual concerns, are described. The paper concludes with the results of pre- and post-tests administered to 5 out of the original 14 girls who attended at least 5 group therapy sessions. (BL)

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ASSESSMENT AND TREATMENT OF SEXUALLY ABUSED CHILDREN AND ADOLESCENTS

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Child Sexual Abuse: Psychological Consequences

Until the last decade the sexual abuse of children has been vitrually ignored in the psychological literature. Professionals as well as the public were hesitant to acknowledge the scope and severity of the problem. Recent surveys of non-clinical population suggest that about 10-20% of female children have had sexual contact with an adult. Approximately 80% of the perpetrators are known to the children (Webb, 1980).

When one uses the term, sexual abuse of children, it is important to recognize that one may be referring to several types of sexual abuse. Sexual assault, or rape, is defined as all forced sexual behavior involving contact with the sexual parts of the body, i.e., attempted and completed intercourse. The incidence of sexual assault, or rape in adolescents is unknown at this point in time. Most estimates of forcible rape include adults, adolescents, and children. For example, the FBI uniform crime reports there were approximately 17,100 cases of forcible rape reported in 1960; 37,900 in 1970, and 56,090 in 1975. It is important to keep in mind that these estimates are for reported cases of forcible rape. Adolescent females are particularly vulnerable to rape, and it is estimated that over 50% of the victims of forcible rape are between the ages of 10 and 19.

Agedon (1983) conducted a longitudinal sexual assault study. This was part of a larger study of delinquent behavior conducted by the National Youth Survey. The total youth sample was initially interviewed in 1977 concerning victimization during the calendar year of 1976. The second, third, fourth, and fifth surveys were

conducted during the same months in successive years. By the fifth survey in 1981, the panel was 15 to 21 years of age. Out of an estimated total of 2,360 eligible youths, 27% did not participate. The remaining 1,725 youths who participated in the study were representative of the total 11 to 17 year old youth population in the United Stated, as established by the United States Census Bureau. Over the five years of the study total the sample loss was 13%.

Each year from 1978 to 1980, 5% to 11% of the female adolescents reported at least one sexual assault. In actual numbers these proportions suggest that 700,000 to one million teenage females were sexually assaulted in each of the years analyzed. Less than 20% of the cases in each year involved unknown offenders, although the proportion of those cases doubled from 1978 to 1980. The data suggests, quite strongly, that sexual assault is a very frequent occurance nation-wide.

A different kind of sexual abuse is incest. Legally incest is defined as sexual intercourse between a child and a family member. Most researches have broadened the definition to include other types of sexual activity and to include step-fathers, or live-in boyfriends who are part of the child's psychological family. According to one estimate (Justice and Justice, 1979) the incidence of reported incest has grown from one in one million in 1940, to one in a hundred in 1950, to one in twenty in 1970.

The dynamics of a family in which incest occurs are atypical and pathological. Incest appears to be the result of an interpersonal triangle in which the collusion of the non-participating member is of primary importance. The pathological relationships

are perpetuated by the overt denial of the non-participant, typically the mother. The "secret" is thus created. Characteristics ofthe interpersonal triangle are: 1) the people in the triangle are of two generations, 2) the person of one generation forms a coalition with the person of the other generations against a peer, and 3) the coalition is denied. Incest usually depends upon five conditions, 1) the daughter takes over the mother's role and she becomes the central figure of the household, 2) there is an impaired sexual relationship between the parents, 3) the father is unwilling to act-out sexually outside of the family, 4) a fear of family disintegration and abandonment is shared by all of the family members, and 5) the non-participating mother consciously or unconsciously sanctions the incest. Families in which mothers are chronically ill, severely depressed, disabled, battered, or not in the home, alcoholic, or psychotic are at risk because of the impaired maternal functioning.

What are the effects of a sexual assault on an adolescent? Initial reports typically involved retrospective studies of women in therapy who reported being raped as children or adolescents. Subsequent studies of children and/or adolescents documented an initial reaction involving anger, depression, embarrassment, and guilt. Long-term problems such as depression, fear of being alone, difficulty with interpersonal relationships, or fears of particularly potential sexual relationships have been noted in clinical case studies, retrospective reports and questionnaire surveys. These are very similar to the reactions of the adult rape victim, but the trauma may have even more devastating consequences for the child or teenager.

Comprehension and understanding of a sexual assault may vary greatly depending upon age and cognitive development. Some adolescents simply lack the skills, or willingness to communicate effectively to adults about what has happened.

Credibility is a larger problem for the child or adolescent who has been sexually assaulted. Adults do not like to believe such things can happen, thus they may prefer to believe that the child is imagining things, making up a story to get attention, trying to avoid responsibility for their part in sex, or simply misinterpreted an adult's behavior. Problems occur not only with parents, but within the legal or judicial system.

Children, unlike adults, are most frequently assaulted, or abused by someone they know and trust. Three recent surveys estimated rapes by a friend or relative at 75% (King, Smith, and Brogdon, 1979), 80% (Peters, 1975), and 81% (Webb, 1980). A pre-existing relationship between the child and the assailant complicates the already stressful situation. The child must try to understand why a person whom she cares about has hurt her. In many cases, a close, sometimes important relationship exists between the parent and the assailant, which may hinder the parent's willingness to acknowledge the situation. This is obviously true in cases of incest, but may also occur in other situations.

The child's total dependence on the family unit is critical. The adult victim has the potential to function independently with regard to her family, the child, however, will be constantly exposed to her family's reaction. The child who is sexually assaulted must cope with the trauma of her own physical and

psychological injuries, she must also cope with the effects of the revelation of the sexual abuse on the family unit. The revelation my result in many difficulties for the family unit. The stress, and in cases of incest, disruption of the family unit will decrease the capability of the mother to provide the psychological and emotional support the child needs. It may also have severe consequences forthe family financially (work time lost to police, doctors, and court).

The child or adolescent also differs with regard to sexual experience. The sexual assault will often be her first encounter with sex. This makes it very difficult for the child to assimilate the rape with the positive things she may later be told about sex. The adult women, who has had previous sexual experiences, is better able to place the rape into its proper perspective. Given the difficulties of adults with regard to sexual functioning after rape, one must be extremely concerned about the long-term consequences of a rape, or sexual assault on an adolescent.

In cases of incest, the trauma associated with the sexual act may not be great, and the child or adolescent will experience pleasure as well as shame, or embarrassment in the incestuous situation. However, the resulting attitudes about sex and its function in relationships may be severely distorted. The child may become highly eroticized, or may feel that erotic behavior is the basis for all relationships. The sexual forum may become the child's typical method of gaining attention and nurturance: a method she may attempt in all situations. This may occur in relationships with family members, peers, therapists, or any stranger. Therapists note that some children, who have been victims

of incest, behave in a sexually arousing manner during the initial therapeutic contacts. Meiselman (1979) reports that incest therapy patients more frequently reported sexual problems than did non-incest psychotherapy patients. James and Meyerding (1977) report significant differences between sample of prostitutes and samples of "normal" women. Prostitutes are more victimized by incest, generally initiated sexual activity at a younger age, and experienced a higher incidence of rape. James and Meyerding (1977) believe early abusive sexual experiences may result in an abusive sexual self-identity. An abusive sexual self-identity may be part of a developmental pattern leading to further victimization, or deviance such as prostitution.

A passive victim self-identity is partially supported by studies of prostitution, and drug dependency. A San Francisco study of prostitutes found that 61% of 200 prostitutes surveyed had experienced incest, or sexual abuse as young girls (Yeary, 1982). Webber (1977) reported that 70% of 599 chemically dependent adolescents reported some form of family sexual abuse. It appears possible that sexual abuse particularly incest may result in a passive victim self-identity, or in specific problems such as prostitution.

Despite the growing recognition that sexual abuse in children and adolescents has psychological repercussions, the professional literature offers little guidance concerning effective treatment for these abused children and adolescents. Individual, family, and/or group therapy may be particularly helpful for sexually abused adolescents. Group therapy has some specific advantages in these cases as it: 1) diminishes feelings of isolation and

shame, 2) works around their distrust of adults based on past experiences of exploration, 3) can meet dependency needs, and 4) facilitates the expression of feelings by providing peers whose situation is similar. Feelings mobilized for others can then be related to the adolescent's own experiences. Despite the apparent advantages of group therapy for sexually abused adolescents, only three articles offer clinical descriptions of such groups (Boatman, Borkan, and Schettey, 1981; James, 1977; Knittle and Tuana, 1980). Only one author offers outcome data, but it is limited by the use of non-standardized assessment instruments.

Our study consists of description of the initial psychological reactions of a group (N=14) of adolescents who were the victims of rape or incest. Two consecutive therapy groups were conducted and all adolescents were encouraged to participate; however, only 5 girls participated for 5 sessions or more. These five girls were re-evaluated post treatment. The results are presented in three groupings: 1) a comparision of the total group (N=14) to "normals" using standardized psychological measures, 2) a comparison of differences between subgroups, i.e., rape versus incest, and 3) a discussion of the pre- post- data for the five girls seen in the therapy groups.

Dr. Webb will describe the data regarding the initial reactions of the group of fourteen adolescents to their sexual assault. She will also discuss any significant differences between girls who were the victims of incest versus those who were raped. Dr. Hazzard will describe the therapy group as it evolved over time. She will also present clinical vingettes as examples.

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CHILD SEXUAL ABUSE: PSYCHOLOGICAL ASSESSMENT OF SEXUALLY ABUSED ADOLESCENTS

The psychological literature on child sexual abuse, including incest has been growing over the last five years. As more and more of adult psychotherapy clients reveal a history of incest, or sexual abuse as children, the long-term effects of sexual abuse on sexuality, and on the ability of people to form and maintain close interpersonal relationships becomes more apparent. However, there have been far fewer reports on the effect of child sexual abuse on the child. Additionally, there have been no studies involving standardized psychological assessment of the effects of sexual abuse on children and adolescents.

As a result of clinical observations from many years of evaluation and treatment of child sexual abuse victims, the need for a more formal exploration of the psychological reactions these children exhibit became evident. This study is viewed as a preliminary investigation of psychological reactions of adolescents after sexual abuse, either incest (extended sexual contact with a family member often lasting for years) or rape (a one time only sexual contact.) Other papers in this symposium present a literature review of psychological effects of child sexual abuse and clinical reports on group therapy for adolescents who have been sexually abused.

The sample studied consisted primarily of a low-income black population. The adolescents were initially seen in an inner-city public hospital and were then referred to the Department of Child Psychiatry. There are approximately 250 to 280 rape victims, 15 years old or younger, seen at this hospital each year. These children are brought in by their parents or police for physical examination and counseling after the abuse occurs, or when they report the incest to their mothers.

In the present study 55 consecutive admissions of adolescents ages 11-16 who had been seen at the Pediatric Emergency Clinic over a period of several months were contacted. After an initial interview with the parent and child, a battery of psychological tests was administered. The psychological

tests that were chosen were primarily based on clinical assessment of psychological reactions of children. Clinical understanding of children's reactions relates to their poor self-esteem, loss of trust in significant others, depression and fears. The battery included the Piers-Harris Self Esteem measure, an 80 question self-report inventory of self-esteem; the Child Behavior Checklist, a parent's rating of children's behavior, which factors into ten dimensions including internal expression of distress, external expression of distress and eight factors; the Children's Interpersonal Trust Scale, a 22 item multiple choice cartoon series where the subject is requested to choose one of four alternatives (two trusting and two non-trusting) in response to an adult's statement; the Peabody Picture Vocabulary Test, the Rorschach inkblot test and the House-Tree-Person. These tests were chosen for several reasons, including some practical time limited reasons, as well as a desire to include both objective and projective measures. The testing took approximately one and a half hours to administer. A total of 14 adolescents were given this battery.

Before presenting the results, a few factors need to be mentioned to assist in evaluating the data. This study has been designed as a preliminary attempt at understanding and exploring psychological reactions of adolescents who have been sexually abused. Fourteen subjects is obviously a very small N. Statistical tests on the data are presented to help guide further efforts in this area. The variances on each measure were, for the most part, large and therefore may violate the homogeneity of variance assumption of t-tests. However, these statistical tests are important as they suggest the trends in the data from this sample. Also, for the most part, means from this sample were tested against national norms. A control group was not run in this preliminary study as the goal was to obtain more information on how the victims of child sexual abuse differ from normal children.

RESULTS

Table 1 presents a description of the sample. There was an N of 14 girls with an age range from 11 to 16; a mean age of 13.3, a median age of 13.5 and a model age of 14. There were 11 black adolescents and three white adolescents. The results on the Peabody Picture Vocabulatory Test indicate a mean score of 87, with a standard deviation of 20 and a range of from 57 to 129. There was one adolescent who had a Peabody score of 57, the next lowest score was in the 70's. As with previous studies, the assailants in this study were predominantly known to the adolescents. Six were a family member, either a father, step-father or uncle; seven were an acquaintance, friend of the family, neighbor, boyfriend of the sister and only one was a stranger. No threat was employed in five of the assaults, and either a weapon was used or injury

was incurred in two of the assaults. Eight of the girls were raped in a one time only incident, and six were victims of more extended incest. In nine of the cases was actual intercourse achieved and in five of the cases other sexual molestation was the nature of the abuse. The mean time between the initial hospital contact and the testing is one and one-fourth months, however, most of the girls were tested within a month of the initial contact at the Pediatric Emergency Clinic.

The Children's Interpersonal Trust Scale did not significantly differentiate the sexual abuse victims from a national sample of normal children who presumably had not been sexually abused. It may be that the measure of interpersonal trust was too obvious, or that the norms available for this measure are not applicable to the present sample.

The Piers-Harris Self-Esteem measure was a little more complicated to interpret. It is a direct self-report measure of self-esteem. Pathological scores can either be above one standard deviation above the mean, or below one

TABLE I

CHILD SEXUAL ABUSE

CHARACTERISTICS OF THE VICTIM:

AGE: MEAN = 13.3
MEDIAN = 13.5
MODE = 14
N = 14
RANGE = 11 - 16

RACE: BLACK = 11
WHITE = 3

PEABODY PICTURE VOCABULARY TEST:

MEAN = 87.4 S D = 20.04 RANGE = 57 - 129

CHARACTERISTICS OF THE ASSAULT:

ASSAILANT: RELATIVE = 6
ACQUAINTANCE = 7
STRANGER = 1

RAPE/INCEST: ONE TIME = 8
EXTENDED = 6

FORCE: NO THREAT = 6
VERBAL THREAT = 5
WEAPON/INJURY = 2

SEXUAL ACTS: INTERCOURSE = 9
OTHER = 5

CHARACTERISTICS OF THE STUDY:

TIME BETWEEN INITIAL HOSPITAL CONTACT AND TESTING: MEAN = 1.25 MONTHS

FREQUENCY --	<1 MONTH	1 - 2 MONTHS	2 OR MORE MONTHS
	9	3	2

TREATMENT: PRETEST = 14

standard deviation below the mean. That is, subjects who endorse items too infrequently may have low self-esteem, however, subjects who endorse items too frequently may be guarded and defensive, and may indeed also have low self-esteem. In this sample, three girls had scores one standard deviation below the mean, six had scores in the average range and five had scores one standard deviation above the mean, so eight of the girls had pathological scores. Mean scores, however, do not reflect this finding as the subjects in this study had a mean score which does not significantly differ from natinal norms. Therefore, the Piers-Harris did no appear to be a very helpful measure in terms of self-esteem for this sample.

The Child Behavior Checklist (Table 2) is scored and reported in terms of T-scores, as in the MMPI. While most scores fell above a T score of 60 (1SD above the mean), none of the scores for our sample fell above a T score of 70. Factor II (the somatic complaints factor) had a mean T score of 69. Other studies have indicated that chid sexual abuse victims report many somatic complaints.

The most interesting results came from the projective tests. Both the Rorschach and the drawings gave significant results that were both clinically relevant and statistically significant. The Rorschach was administered, scored and interpreted using Exner's comprenensive system. In the last ten years John Exner has developed a system for administering, scoring and interpreting the Rorschach that is backed by impressive validity and reliability data. His national norms for 13 year olds were used and T tests were employed to look at the difference in means between the experimental group and the national norms. Exner in Volume III states that his national norms do not differ significantly based on race or socio-economic status.

TABLE 2

CHILD BEHAVIOR CHECKLIST

T-SCORES

EXPERIMENTAL GROUP (N = 14)

		T
	INTERNALITY	62.1
	EXTERNALITY	57.0
I.	ANXIETY/OBSESSIVE	63.1
II.	SOMATIC	69.2
III.	SCHIZOID	64.2
IV.	DEPRESSION/WITHDRAWAL	64.0
V.	IMMATURE/HYPERACTIVE	65
VI.	DELINQUENT	60.7
VII.	AGGRESSIVE	59.4
VIII.	CRUEL	63.8

Due to the small N, only those T test scores that were significant at the .001 level are reported. As one can see in Table 3 there are many significant differences on the Rorschach between the experimental group and national norms. The ZD score is constructed by giving a Z score for each response if it clearly organizes the blot in a meaningful and relevant way. The subjects had a mean Zd score of -5.2. This is a significant discrepancy between what is expected and indicates that the present sample tends to be what Exner calls under-incorporators. That is, they are negligent in scanning a stimulus field which reduces cognitive efficiency, they may come to a decision prematurely and too hastily without taking into account important aspects of their environment, and this may result in behavioral blunders. They will tend to be somewhat impulsive in their decision making and indeed this may be a defensive operation.

The perceptual accuracy of the sample was significantly lower than national norms. F+ is the percentage of good responses for those responses using only form (pure F); X+ is the percentage of good responses using all responses that involve form. Exner considers anything below .70 as being impaired. The sexually abused girls received a mean of .64 and .60 respectively on these measures which can be interpreted to mean that, as a whole, they tended to have idiosyncratic or unusual perceptions of reality.

Finally in terms of cognitive processes, lambda (L) is a ratio of the sum of pure F responses to the sum of all non-pure F responses. The girls had a ratio of 1.70 versus the national norm of .73. This score is much greater than would be expected. Lambda can be interpreted as a cognitive simplification process. High scores result when one ignores any other aspect of the inkblots (like movement, color or shading) than pure form. Cognitively, therefore, this sample tends to try to simplify their environment, they try to

avoid affect in the environment and will make their decisions and responses hastily without adequately taking into account all factors. This tendency probably leads to their decrease in perceptual accuracy. This can be considered a defensive operation, and may relate to the sexual abuse in that these girls have experienced a situation within their environment that is not rational or realistic. Therefore, in order to defend against the resulting anxiety, they may tend to be negligent in their scanning, try to simplify and try to avoid affect.

In terms of affective processes, there are also many interesting and meaningful results. Exner talks about inanimate movement (little m) and shading (y) as being indicative of situational distress. It is very reasonable to assume that these subjects were experiencing more situational distress than a normative subject population would and indeed, these values are both significant at the .001 level. Exner also talks about the egocentricity ratio (3R +(2)) (R being reflections, and (2) being pairs) as being related to self-esteem. These subjects score significantly lower on this measure than national norms. The average range for 13 year olds on the egocentricity ratio is between .38 and .56. Additionally, there are certain indices within the Rorschach which measure constriction of affect and expression of affect. C is the number of acromatic color response and is a measure of emotional constriction. The experimental subjects are more emotionally constricted than subjects included in the natinal norms. CF + C is the number of color responses where form is not predominant and scores relate to ability and willingness to be emotionally expressive. The girls have less ability and willingness to emotionally express themselves in less controlled ways than would be considered average given their age. This tendency can also be seen in sum C (a weighted sum of color response) where

TABLE 3

T - TESTS - RORSCHACH

EXPERIMENTAL GROUP (N = 14)
V.
NATIONAL NORMS (N - 125)

	$\bar{X}$ EXP	$\bar{X}$ NAT	T*
COGNITIVE PROCESSES:			
ORGANIZATION (Z_D)	-5.20	-.31	5.89
PERCEPTUAL ACCURACY			
(F+%)	.64	.82	6.00
(X+%)	.60	.81	7.50
SIMPLIFICATION (L)	1.70	.73	5.04
AFFECTIVE PROCESSES:			
SITUATIONAL DISTRESS (M)	1.10	.40	7.00
(Y)	1.40	.50	5.18
SELF ESTEEM (3R + (2))	.37	.47	5.00
CONSTRICTION (C')	.71	.30	3.50
EXPRESSION (CF+C)	.78	2.70	3.43
(SUM C)	2.10	4.00	3.65
AVOIDANCE (AFR)	.60	.73	3.25
NEGATIVISM (S)	1.86	.90	-3.55
COGNITIVE & AFFECTIVE PROCESSES:			
SLIPPAGE/DISTRESS (DV+INCOM)	2.80	1.70	4.07
IMMATURITY (A%)	.62	.43	7.60

* ALL P < .001, 1-TAILED

the girls are significantly less emotionally expressive. The affective ratio (Afr) is a ratio of the number of responses to the color cards versus the number of responses to the acromatic cards and Exner describes it as a measure of willingness to confront emotional issues. The subjects in this study have significantly lower scores on the affective issues. Finally, the girls had significantly more space responses indicating somewhat more negativism. These differences are very consistent with each other indicating that the experimental group consistently shows more signs of situational distress, low self-esteem, and pervasive emotional constriction, including a desire to actively avoid confronting emotional issues, as well as an inability to express affect or emotion in a manner that is not overcontrolled. It may be that the sexual abuse has resulted in significant affective constriction for these adolescents. If one retreats and denies one's feelings then perhaps one does not feel so vulnerable and threatened.

Finally there were two measures that were significantly different between the two groups that seemed to combine both cognitive and affective processes. The first is a combination of two special scorings that Exner employs; the deviant verbalization (DV) and the incongruous combinations (INCOM). A deviant verbalization is scored when an unusual or odd manner of speech is employed, and an incongruous combination is scored when there is an incongruous condensation of blot images into one percept, such as, blue snow. The experimental group has significantly more of these two special scores indicating a mild form of cognitive slippage possibly resulting from the situational distress. Additionally, the A% is the percent of animal responses in the record. The experimental group had significantly more animal responses than the national group of the same age. A% can be interpreted as an indication of immaturity.

In summary, the results from the Rorschach indicate that adolescents who have been sexually abused have significant difficulties with their perceptions of reality probably as a result of their defensive attempts to simplify their environment by avoiding affect. They experience situational distress, they have low self-esteem, and seem to make great efforts to constrict and inhibit their emotional responses and the expression of those responses.

The next comparison that was done for this preliminary report was to compare those victims of incest versus the victims of rape. There were six girls who had been extensively involved in incest, and eight girls who had a one time sexual occurance only. The differences between these two sub-samples are somewhat confusing. On the Rorschach (Table 4), in terms of cognitive processes, the girls who had been victims of incest had considerably more loose associations as indicated by a combination of three of Exner's special scores. These special scores are fabulized combinations, autistic logic, and contaminations. They are generally considered to be more serious indices of cognitive impairment. Somewhat paradoxically, the victims of incest also had more human movement (M) responses which is indicative of more adaptive internal cognitive resources. They also had more popular responses which Exner talks about in terms of conformity. None of these scores were different than national norms, however, the victims of incest did differ from the girls with a one time only sexual abuse. It may be that with extended incest there is more opportunity and necessity to adapt and develop internal coping responses, at the same time, developing a somewnat distorted view or way of thinking about one's environment.

In terms of affective processes there was a significant difference between the girls who had been victims of incest and those who had a one time only sexual occurance on the externality measure on the Child Behavior

TABLE 4

T-TEST

VICTIMS OF INCEST (EXTENDED) N = 6

V.

VICTIMS OF RAPE (ONE TIME ONLY) N = 8

	$\bar{X}$ EXT	$\bar{X}$ ONE	T*
COGNITIVE PROCESSES:			
LOOSE ASSOCIATIONS (FABCOM+ALOG+CONTAM)	2.00	0.250	1.785*
INTERNAL RESOURCES (M)	4.00	1.875	2.631*
CONFORMITY (P)	5.83	4.125	1.887*
AFFECTIVE PROCESSES:			
EXTERNALITY (CBC-E)	61.40	53.860	2.124*
EXPRESSION (CF+C)	.50	3.125	2.005*
SELF-ESTEEM (3R=(2))	.42	.260	1.9753*
DEFENSIVENESS (PERS)	2.67	.375	2.205*
DEPRESSION (V)	0.00	.375	4.437**

* P < .05, *1-TAILED

** P < .001, *1-TAILED

Checklist. The incest victims were more likely to externalize their distress than were the rape victims. Additionally, the girls who had a one time only sexual occurance were more able to emotionally express themselves in less controlled ways (more like national norms); whereas girls who were victims of incest were more emotionally constricted. Girls who were victims of incest seemed to exhibit more self-esteem (more in line with national norms) than the girls who had been victims of rape. Exner employs a special score called personals which is scored when the subject makes a personal statement about the response such that it cannot be denied or questioned. This is related to defensiveness and victims of incest were more defensive than were victims of rape. Finally, the girls who had a one time only sexual abuse had more shading involving depth which is indicative of more long-term depression. This may be a spurious result due to the low meanns--0 and .375.

It may be that victims of incest have had a certain length of time, often years, to integrate in some way those experiences with their own sense of self. They have had to adapt over time to a situation which is not rational and has both positive and negative consequences for them. This adaptation may involve a more advanced ability to organize their internal resources, better self esteem due to their special place in the family and placing responsibility for their distress on external factors. Concomittantly they are more defensive, more emotionally constricted and evidence at least the potential for more serious cognitive impairment. Victims of rape, on the other hand, are experiencing a crisis situation which results in diminished internal resources, poor self-esteem, self-blame and depression.

Finally, the House-Tree-Person was used as our drawing measure. Blaine, Bergner, Lewis and Goldstein (1981) suggest that one can differentiate abused children from non-abused children by using six parameters of the

H-T-P. These six parameters include whether 1) smoke was present from the chimney on the house, 2) the absence of windows from the ground floor of the house, 3) the size of the limbs being noticably different for the person, 4) the figure being comprised of geometric figures for the person, 5) the absence of feet for the person, and 6) the head being over one quarter the total size of the person. Using the six point scale, the mean score for the experimental subjects was 1.93 as compared to a mean socre of .80 for their normal subjects and a mean score of 2.72 for their physically abused children. There is a significant difference between the sexually abused girls and their normative sample.

In conclusion, the psychological assessment of sexually abused adolescents has yielded some significant and interesting results. The projective tests were far more useful than the objective measures; they indicate that adolescents who have been sexually abused, whether through incest or from a one time occurance, exhibited psychological reactions and responses which interfere with their ability to function as well as their own feelings about themselves. These reactions may not be obvious or apparent on superficial evaluation. Distortions in reality testing, avoidance of affect, inability to express affect freely, poor self-esteem, situational distress and negativism all combine to leave these adolescents feeling very constricted, unhappy and non-trusting individuals. The differences between the victims of incest and those who had one time only occurance are somewhat more complicated and need to be further investigated. There are some disturbing indications that victims of incest may have some significant cognitive slippage which may go undetected.

CLINICAL ISSUES IN GROUP THERAPY WITH SEXUALLY ABUSED ADOLESCENTS

Despite our growing recognition that child sexual abuse often has significant psychological repercusions, the professional literature offers little guidance concerning how to effectively treat sexually abused children and adolescents. Individual, family, and/or group therapy may be appropriate, depending on the particular case. However, Knittle and Tuana (1980) point out several reasons why group therapy may be particularly helpful for sexually abused adolescents: 1) It diminishes girls' feelings of isolation and shame 2) It works around their distrust of adults, based on past experiences of exploitation 3) It provides a means for meeting unmet dependency needs and 4) It may be easier for adolescents used to taking care of others' feelings to first express feelings related to another's situation. These mobilized feelings can then be related to an adolescent's own experiences. Despite the apparent advantages of group therapy for sexually abused adolescents, only four articles offer clinical descriptions of such groups (Blick and Porter, 1982, Boatman, Borkan, and Schetky, 1981; James, 1977; Knittle and Tuana, 1980). Only one author offers any outcome data, but her study is limited by the use of nonstandardized assessment instruments and the lack of statistical tests. In this presentation, I will primarily focus on the clinical issues which arose during our group therapy sessions with sexually abused adolescents, as well as the therapeutic interventions used to address those issues. I shall also present some preliminary findings based on pre-post

assessments of 5 girls who attended at least 5 group sessions. Given our small sample size and the lack of a control group , our interpretations of these outcome data will be limited and cautious. Yet, the data offer some much-needed ideas about how to assess therapeutic change in such groups.

We conducted two consecutive groups for sexually abused adolescents, with concurrent groups for their mothers. Each group was conducted by two female clinicians. The groups lasted 10 and 11 sessions respectively. A total of 11 girls and their mothers participated. Six girls attended from 1 to 3 sessions. Three girls participated in 5 to 8 sessions. Two girls participated in both groups, attending 10 and 14 sessions respectively.

We began our first meeting with a get-acquainted, ice-breaking exercise. This structured exercise was helpful in dissipating some initial anxiety and beginning to build relationships among group members. Next, group leaders discussed confidentiality, a particularly important concept in sexual abuse groups. Then, group leaders encouraged members to recount their experiences of sexual abuse. In one group a painfully long silence ensued and group members were asked to discuss why it was so difficult to talk about the sexual abuse. Once one member told her story, others followed suit without great difficulty. Over the next few weeks, stories were often retold with increasing detail and expression of affect, supporting the cathartic value of discussing the abusive events. In addition to descriptions of the abuse, the first few weeks centered on three general topics:

1. concerns about the reactions of others,
2. concerns about court appearances, and
3. personal emotional reactions (Slide 1)

All of the girls expressed concerns about the reactions of significant others to the sexual abuse. Many authors have written about the role reversal between mothers and daughters in incestuous families. Girls from these families, who had adopted a care-taking role of responding to others' feelings, were particularly concerned about others' reactions.

Some girls were concerned about family members' anger (for example, M.W.'s father had bought a gun and was threatening to kill her assailant). Other girls felt blamed for the assault by significant others, which increased their own guilt. Many girls were concerned about the reactions of friends, especially boyfriends. They were concerned that friends would ask too many questions or "think they were fast". Many eventually became comfortable enough to tell a few close friends outside the group. Finally, girls who had been involved in

incestuous relationships were concerned about the reactions of their stepfathers. They were afraid their stepfathers would be angry and reject them for disclosing the incest and felt guilty about possible jail sentences for their stepfathers.

The prospect of testifying in court was another area of immediate concern to most girls. They were worried that the judge and others wouldn't believe their stories and anxious about seeing their assailants, whom they feared might harm them when released in the future. The girls who had already been to court were very helpful to those whose court dates were approaching: they demystified the experience and suggested coping strategies.

Much of the early focus of the groups was on working through participants' own feelings about the sexual abuse. Anxiety, anger and depression were common responses. Some girls developed phobias: they felt anxious in situations or with persons that were reminiscent of the abuse incident or were afraid to be alone. Some girls were very angry at their assailants, particularly in rape situations or where violence or threats were employed. Most girls were depressed. Some experienced somatic symptoms and all experienced some feelings of guilt. Ambivalent feelings regarding incestuous experiences were most difficult to resolve. These girls typically had some positive feelings about the experience: the affectionate nurturance accompanying the sexual activity was fulfilling or the sexual activity was physically pleasurable or the power and special privileges accompanying the abuse were rewarding. These positive feelings were sometimes unacknowledged but regardless contributed to tremendous guilt and feelings of personal responsibility for the incest. At the same time, most girls also experienced powerful negative feelings about incestuous experiences - they felt used and betrayed. Girls within the group only began the long-term process of accepting their positive feelings without guilt as natural feelings within their family context and working through their negative feelings.

The major therapeutic strategies used to help girls deal with their own feelings about the sexual abuse were reflections of feelings by group therapists and mobilization of group support. Members were encouraged to explore similarities and differences between their own and others' experiences. They were encouraged to articulate their own strengths in handling the situation. A "draw-a-feeling" exercise was helpful in promoting affective expression without intellectualization. Role playing was used to help members express feelings to family members in fantasy and to enact different ways of handling sexually abusive situations.

These methods were helpful in facilitating members' use of one or more defense mechanisms cited by Burgess and Holmstrom (1979) as adaptive coping responses for adult rape victims: explanation, minimization, suppression, dramatization and action (slide 2). Deriving an explanation for the perpetrator's behavior is one means of gaining a sense of cognitive control over the sexually abusive events. Most girls concluded that perpetrators abused them because of their own problems or "sick" needs. (The task of explanation was most difficult for V.W., whose trusted, respectable uncle attempted to rape her and later shot and killed her brother who tried to prevent him from entering the family home. V.W. perseverated for months trying to make sense of her uncles actions; eventually the therapists encouraged her to accept that she would never understand "why" it happened and to utilize other means of coping with this tragic experience). Minimization is a second defensive strategy utilized by some group members. Comparing their experiences to those of other group members helped some girls to feel that "it could have been worse" or to recognize positive aspects of their own coping responses. Thirdly, suppression or consciously avoiding thinking about the incident, was a strategy almost all group members reported using. It is important to note that minimization and suppression if used in excess could constitute maladaptive denial. But, these defenses used in moderation on a day-to-day basis in conjunction with expression of feelings in a therapeutic setting appeared to help girls to function. A fourth defense mechanism utilized by one member was dramatization, that is overexpressing anxiety and thereby dissipating it. In the context of a classroom discussion about a related topic, S.B. disclosed her rape to her entire class. This action appeared to be a counterphobic response to her own fears of peer rejection; the supportive responses offered by classmates to this dramatic gesture were very soothing to S.B.

Finally, taking action is a defensive strategy endorsed by many rape survivors, many of whom change residencies, jobs, phone numbers, travel, or become rape crisis counselors. Since our clients were adolescents, they were less free to act independently. However, several did take actions such as having friends accompany them when outside, changing phone numbers, staying with relatives for a period of time, or changing schools.

After several weeks, the focus of the group progressed naturally to more long-term issues. Three major themes were relationships with mothers, interpersonal trust, and sexual concerns. (Slide 3).

Two group members had overprotective mothers who tended to treat them like much younger children. The group was used to encourage these girls toward

responsible self-assertion.

Two girls came from families in which mother-daughter roles were reversed. Role reversal is typical of incestuous families, although this pattern was descriptive of the family of one of our rape victims, S.B., who did not cope well with her family relationships. Her mother was chronically ill and her father had a series of extramarital affairs and was often absent from the home. S.B. played a maternal role by performing most household duties and by angrily trying to get her father to stop his affairs. She was not able to "let go" of her father or her maternal role, which was a major source of self-esteem as she had poor peer relationships. Another adolescent, P.G., began to recognize that her mother was never going to provide her with the nurturance she desired. She used the group as an alternative source of nurturance and as a forum for expressing both angry and sad feelings at her loss.

The mother-daughter relationships in incestuous families were particularly stormy. Girls were typically very angry at their mothers for perceived lack of nurturance and protection. For some girls, however it was difficult to acknowledge these angry feelings because of fears of total abandonment.

A second major long-term issue was interpersonal trust, particularly with respect to males. Most girls continued to report feelings of profound distrust toward men. These issues were difficult to resolve during the time span of the group as most girls did not currently have an ongoing relationship with a male peer or a close male relative. Groups run by other clinicians (Boatman, Barkan, and Schetky, 1981) have included a male co-therapist to facilitate resolution of these issues.

A final long-term issue addressed in the groups was sexuality. This issue also remained unresolved as most girls were not currently sexually active. We showed a film and led a structured group discussion on sexual facts, values, and decision-making. This intervention may have set the stage for more adaptive future coping with sexual concerns. However, given the high frequency of sexual problems reported by adult rape and incest survivors (Becker, Skinner, Abel, and Treacy, 1982; Meiselman, 1981), some of our adolescents will probably need additional future intervention to attain successful sexual functioning.

We conducted pre-post assessments of the five girls who attended at least five group sessions. Given our small sample size and the lack of a control group, our interpretations of these outcome data will be limited and cautious.

Paired t- test comparisions between pre and post scores revealed no significant changes on three measures: the Piers Harris Self-Concept Scale, the

Interpersonal Trust Scale, and the Projective Drawing Index.

Paired t-tests were then conducted on the Rorschach indices which differentiated our sample of sexually abused teenagers from Exner's normative sample (Slide4). Girls' cognitive processing did not appear to change over the course of the group. Group members did experience less emotional distress related to recent events. This is suggested by significant decreases in shading (Y) responses, deviant verbalizations and incongruous combinations and a nonsignificant decrease in inanimate movement (m) responses. Secondly, group members increased significantly in self-esteem (3r + (2)/R). Third, they decreased significantly in the percentage of animal responses given, which Exner describes as an index of immaturity. The only unexpected result was an increase in affective constriction, suggested by increased achromatic color (C') responses. This result is inconsistent with our clinical impressions that the group did foster some increased willingness to experience and express affect in these initially very emotionally inhibited girls. It may be that the girls became somewhat more able to deal with emotional issues in the group setting but were unable to generalize this process to new situations such as a Rorschach or everyday life. Fostering more adaptive emotional functioning may require long-term therapy, as well as intervention with the girls' families.

RORSCHACH CHANGE SCORES

TREATMENT GROUP (N=5)

	$\bar{X}$ PRE	$\bar{X}$ POST	t*
COGNITIVE PROCESSES			
ORGANIZATION (ZD)	-6.10	-4.20	.92
PERCEPTUAL ACCURACY (F+%)	.68	.71	.80
(X+%)	.64	.62	.42
SIMPLIFICATION (L)	1.79	1.46	.45
AFFECTIVE PROCESSES			
SITUATIONAL DISTRESS (M)	1.20	.60	1.50
(Y)	2.20	.60	4.00*
SELF-ESTEEM (3R+(2)/R)	.39	.51	3.44*
CONSTRICTION (C')	.60	1.60	2.24*
EXPRESSION (CF+C)	.40	.40	0.00
AVOIDANCE (AFR)	.65	.54	.36
NEGATIVISM (S)	1.40	.80	.46
COGNITIVE/AFFECTIVE PROCESSES			
SLIPPAGE/DISTRESS (DV+INCOM)	4.60	1.80	3.50*
IMMATURITY (A%)	.64	.56	2.35*

*$p < .05$, 1-TAILED

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